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Outcome of Preliminary Equality Impact Assessments

Introduction

The IJB are committed to making financial decisions in a fair, transparent and accountable way, considering the needs and the rights of the people of Glasgow, in line with the public sector equality and Fairer Scotland duties. To support meeting these duties, proposals have been subject to an Equality Impact Assessment (eqia) to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible.

Identification of a potentially negative impact does not mean that the option cannot go forward. However, where this has been identified, action will be considered that minimise that impact should the option be approved. If an adverse impact could amount to unlawful discrimination, then adjustments will be considered avert this.

Assessment

Proposals have been subject to a preliminary Equality Impact Assessment to understand impacts, inform the development of the proposals, and to take steps to mitigate any impacts identified, wherever possible. The outcome of the assessments for each of the proposals is included at Appendix 1.

Where proposals are not sufficiently developed or where the engagement activity with stakeholders to inform the proposal has not yet been undertaken then further engagement will be undertaken and reported back to the May IJB.

Overview

Below is an overview of the proposals where a potential impact was identified and which characteristics are most likely to be impacted.

	Age	Disability	Gender Reassignment	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation	Marriage & Civil Partnership	Socio Economic
Increase Charges to Service Users by 5%		x								x
Income Maximisation : Recovery of Client Contributions										x
Increase Client Contributions for Non-Residential Services		x								x
Transforming the Balance of Care (Children and Families) – Care Packages	x									
Review of Sign Language and Interpreting Service (SLIS) and Sensory Impairment (SI)		x								

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Cease Delivery of Autism Resource Centre		x							
Intermediate Care - Reduction of 15 beds	x						x		
Decommissioning Children Affected by Parental Addiction Services	x								
Reform of Day Care for Adults and Older People		x							
Reduction to Purchased Care Home Budgets	x								
Reduction to Staffing Across all Community Health Teams including Management and Administration	x	x		x			x	x	
Reduction in Mental Health Commissioning Contract		x							
Reduction in Self Directed Support Budget (Adults and Older People)		x					x		x
Reduction in Older People Day Care Services to Monday to Friday Only	x	x							
Review of Purchased/In-house Supported Living Services	x	x							x
Reduction in Care at Home and Mainstream Home Care Services	x	x							X

Equality Impacts

We recognise that there is potential for cumulative impact, due to the nature of the services we deliver and the people we deliver them to. From the above it can be identified that there is potential for cumulative impact for the protected characteristics of Disability and Age, Older People in particular.

Socioeconomic Impacts

As part of the assessment process, consideration was given to the potential impact on those living in poverty. Given the vulnerability of our service users and the levels of deprivation in Glasgow, we were mindful of any disproportionate impact. Overall, the expenditure on services within this budget supports the delivery of a Fairer Scotland, however some of the equality impact assessments have identified that there is potential for a disproportionate impact on those living in poverty, which may be cumulative, for those accessing multiple services. Mitigations are being planned wherever possible.

Staff Impacts

Proposals also include a reduction of 197 FTE.

Potential equality impacts would relate to the workforce profile.

- Glasgow City HSCP NHS staff are predominantly; Female (84%), 39% are aged 30 – 44 years and 39% and are aged 45 – 59 years.
- Glasgow City HSCP Council staff are predominantly; Female (82%), 50% are aged 50 – 64 years and 36% and are aged 31 – 49 years.

It is anticipated that the reduction will aim to be achieved through natural attrition or redeployment. An impact assessment is required to further consider what impacts there would be on staff, if any, and mitigate where possible. An assessment will be undertaken when plans for

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implementation are more fully developed. If this proposal is approved, there will be normal continued consultation with Unions as proposals are developed and implemented. Any appropriate workplace supports for any changes in roles or responsibilities will be identified and given further consideration where required.

Next Steps

The following options were identified as having potential to have a significant negative impact on equality groups. Further work is required to fully assess the impact of reducing capacity in these areas. Due to the sensitivity of the reductions, it has not been possible to engage with service users to fully assess the impact and any further opportunities for mitigating action. For these proposals, fuller engagement will be undertaken with service users taking into consideration their individual needs and opportunities for mitigation on a case by case basis. This engagement will be undertaken with an appropriate proportion of service users, but no less than 10, and presented to the Board prior to agreeing implementation.

- Reduction in Self Directed Support Budget (Adults and Older People)
- Reduction in Older People Day Care Services to Monday to Friday Only
- Review of Purchased/In-House Supported Living Services
- Reduction in Care at Home and Mainstream Home Care Services

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Appendix 1: Outcome of Equality Impact Assessments

Efficiency

National Insurance - Reduction to Employer Rate

It is not anticipated that this option will have an equality or socio-economic impact as it is removing a budget allocation, which is no longer required.

Removal of GP Costs Related to Care Homes - No Longer Required

It is not anticipated that this option will have an impact on equality groups. This proposal relates to where a contract with a care provider has changed and specific medical services are no longer required. The service provided was time limited and service users were supported through this. Patients in care homes will continue to have access to their own GP. Specific medical services will continue, where needed, at a number of care homes across the City, with an option to increase in response to any strategic developments.

8% Reduction in Non Pay Budgets Across a Range of Services

It is not anticipated that this option will have a significant impact on equality groups for the majority of the service areas within scope. Savings will be delivered through reduction in discretionary budgets. A spend and approval process is in place, in line with standard procedures, to monitor and take action as necessary. It is noted that some of the budgets are currently underspent.

There is potential impact for staff due to reductions in access to professional training through the Central Nursing Budget, although it is noted that this is currently underspent. Potential equality impacts would relate to the workforce profile, which is predominantly women (84%).

Ceasing Treatment Foster Care Service Payments Following End of Contract

It is not anticipated that this option will have an impact on equality groups as it does not include a current change in service provision.

Reduction in Move On Addictions Budget

This budget is currently underspent and the proposed reduction is in line with this. It is anticipated that, with current demand, the service will continue to meet the level of support required and there will not be an immediate impact.

However, it is noted that there has been an increase in demand across the City for rehab services and there would be an impact on those at significant risk of drug harms if they were delayed or unable to access rehabilitation and support services. The overarching Addictions Framework is scheduled for tender and will include an eqia, where this will be taken into further consideration. There will be continual monitoring of demand and usage, in line with standard procedures.

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Although addiction is not protected under the Equality Act, it is noted that service users are a vulnerable group and being unable to access the required level of support will impact on their recovery. Service users are predominantly male (59% for Abstinence Service and 77% for Stabilisation) with an average age of 38 (for abstinence Service) and 42 (Stabilisation).

Review of Management Structures - Specialist Children Services - Service Manager

The proposal includes a reduction of 1 FTE. This post was created when Glasgow HSCP was allocated operational management responsibility for Specialist Children's Services. Operational management of Specialist Children's Services is now the responsibility of East Dunbartonshire HSCP, therefore, the role is no longer required within the Glasgow HSCP budget. The role is currently vacant so no redeployment is required.

8% Reduction in Planning Team Costs

No direct impact on equality groups have been identified at this reduction is not related to service delivery.

This proposal includes a reduction of 1.47 FTE.

Review of Learning and Development Staffing Structure

No direct impact on equality groups have been identified at this time as reduction is in line with demand.

This proposal includes a reduction of 2 FTE.

Review of Commissioning Staffing Structure

It is not anticipated that this option will have an impact on equality groups. It is anticipated that any impacts on staff will be mitigated through higher efficiencies in ways of working.

This proposal includes a reduction of 1 FTE.

Review of Catering Arrangements in Borron Street

An eqia will be undertaken as part of the review to consider potential impacts on equality, poverty and staff as a result of any changes to this service. It is noted that the arrangements do not offer an out of hours provision and as part of the review there will be consideration to encouraging alternative provisions, where possible.

This proposal includes a reduction of 3 FTE. The staff are from within Financial Services, Glasgow City Council and we will work closely with them on the process.

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Reduction in Staffing - Management Structures

This proposal includes a reduction of 1 FTE. It is not anticipated that this option will have an impact on equality groups. The post has been vacant for 2 years and tasks have been realigned across the Executive Management Team within new structure, Impacts on staff was mitigated through this transition by support of the Executive Leadership Team.

Reduction in Staffing – Administration

This proposal includes a reduction of 6 FTE. It is noted that these posts have been vacant and have not been filled for some time. It is not anticipated that the reduction will impact on current service provision or the roles and responsibilities of other members of staff and appropriate workplace supports are in place.

Income Maximisation

Increase Charges to Service Users by 5%

There is potential for this option to have a socio economic impact for those experiencing poverty. Due to the nature of the services provided, this increase is most likely to have an impact on older and disabled people.

It is noted that steps have been taken to mitigate, by increasing at a level below the inflation rate and that financial assessments will be available. The financial assessment aims to ensure income maximisation has taken place and reflects on the service users ability to pay. It also, acknowledges that there may be circumstances where it is appropriate to consider the waiving of charges in cases of hardship or exceptional need. An equality impact assessment, including consultation, has been undertaken on the charging policy and can be found [here](#).

As a result of the eqia, action has been agreed to update the financial assessment to incorporate disability related expenditure from the outset and will include more detail on categories of eligible disability related expenditure.

2% Uplift on Service Level Agreements

It is not anticipated that this option will have an equality impact as charges are as and when required from other Health Boards.

Additional Income from Learning and Development Activities

No direct impacts on equality groups have been identified at this time.

Income Maximisation - Recovery of Client Contributions

It is not anticipated that this option will have a significant impact on equality groups as there is no change to the charges applied, the proposal includes improvements in collection of charges incurred. Although it is noted that those who are subject to the charges are service users in

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permanent residential or nursing care and are therefore predominantly older and/or disabled people.

There is potential for socio economic impact for those subject to the charges. However, it is noted that mitigating action is taken when the charges are being applied. Those accessing the service are financially assessed through the Scottish Government [Charging for Residential Accommodation Guidelines \(CRAG\)](#). The Financial Assessment and Income Team also takes steps to refer service users, partners or spouse's to welfare rights advice for guidance on income maximisation. It is also noted that under CRAG section 05005, there is provision for an increase to the weekly personal allowance expense in certain situations such as: property maintenance costs, retaining a higher personal allowance to allow the service user to lead a more independent life, where there is a dependent child and disregarding half of a service user's occupational pension if paid to the spouse or civil partner.

Increase Client Contributions for Non-Residential Services

This option will have a socio economic impact for those experiencing poverty. Due to the nature of the services provided, this increased contribution is most likely to have an impact on older and disabled people. It is also noted that this option will have a cumulative negative impact if the option for a 5% inflation increase is also approved, as there will be increased cost for the service and also an increase to the taper. This may result in service users self-excluding from services, due to the cost.

It is noted that steps have been taken to mitigate through undertaking financial assessments and applying a tapering of charges. The financial assessment aims to ensure income maximisation has taken place and reflects on the service users ability to pay. It also, acknowledges that there may be circumstances where it is appropriate to consider the waiving of charges in cases of hardship or exceptional need. An equality impact assessment, including consultation, has been undertaken on the charging policy and can be found [here](#).

As a result of the eqia, action has been agreed to update the financial assessment to incorporate disability related expenditure from the outset and will include more detail on categories of eligible disability related expenditure.

Transformation

Reduction in Community Pharmacy Contractor Costs Due to Roll Out Of Buvidal

It is not anticipated that this option will have an impact on equality groups. Saving is as a result of cost reduction from the roll-out of Buvidal.

Transforming the Balance of Care (Children and Families) - Care Packages

Efficiencies have been identified through the implementation of the Children's Services Transformation Programme, the eqia for this programme can be accessed [here](#).

The reduction of children and young people being accommodated in out of authority placements is in recognition of the need to enhance family support to help families to stay together and is in line with the National approach of GIRFEC and [the Promise](#). In cases where children have to be

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accommodated away from the families, efforts are being made to maintain children's links with their family, peers, schools and communities. This is in recognition of the need for stability and continuity (in line with [the Promise](#) recommendations), and the pattern in respect of young people returning to their families after their period of accommodation ends. The programme forms part of the Family Support Strategy, the eqia for this strategy is available [here](#).

Savings from the transformation programme have been reinvested to further resource early intervention and support services and careful monitoring is in place.

There is a commitment to review the eqia's to ensure that they reflect the current situation and to maximise benefit for children and young people.

Transforming the Balance of Care (Children and Families) – Staffing

Efficiencies have been identified through the implementation of the Children's Services Transformation Programme, the eqia for this programme can be accessed [here](#). As a result of the increasing investment in prevention and early intervention, less families are likely to require the same level of Social Worker support over time. The reduction in staff will be gradual, in line with demand, reflecting the impact of the investment in Early Intervention services (Family Support and Whole Family Wellbeing Fund) and the reduced flow of families into targeted supports, in line with the full implementation of GIRFEC and the principles of the Promise.

The situation will be monitored to ensure an appropriate balance between early intervention and statutory/ crisis support to respond to families' needs appropriately. There is a commitment to review the eqia to ensure that it reflects the current situation and to ensure that appropriate supports are in place for children and young people.

This option includes a reduction of 7 FTE Social Work posts.

Review of Sign Language and Interpreting Service (SLIS) and Sensory Impairment (SI)

A review of Sign Language and Interpreting Service is underway. An equality impact assessment will be undertaken as part of the development of any recommendations and made available as part of decision making. This is a targeted service, all service users are Deaf, deafened or have a hearing loss, therefore any reduction or change in service would have an impact on this group. Service users needs will be taken into consideration as part of this review.

Initial engagement has been undertaken to seek service users views on how any changes to the service may affect them. This session was facilitated by a local Deaf Organisation and attended by Deaf people living and/or working in Glasgow. The feedback from this session will inform the review and associated eqia.

This proposal includes a reduction of 17.96 FTE.

Health and Social Care Connects - Reduction in Staffing - Social Work

An equality impact assessment was undertaken of the Health and Social Care Connect service, which can be found [here](#). The assessment included steps taken and planned to ensure accessibility of access to the service.

We will continue to monitor the impacts on equality and poverty during the implementation of the programme to ensure that supports are available and able to respond to service users needs.

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Further equality assessment may be required, if there is any change in support available to service users, in particular consideration of potential impact on equality groups or those living in poverty.

This proposal includes a reduction of 8.77 FTE.

Cease Delivery of Autism Resource Centre

The reduction in service offered to adults was gradually reduced in line with cases being closed and interventions concluded, in order to minimise impact on any service users. Potential new service users are signposted to Third Sector service providers

It is not anticipated that this proposal will have an impact on children and young people as the service will continue to be delivered to children and families. There are plans in place to review the service that is delivered to children and families and an eqia will form part of this review, including service user engagement. As part of the review, neurodiversity will be one of the key areas of focus.

Intermediate Care - Reduction of 15 beds

There has been a reduction in current demand for beds, which has been influenced by the introduction of Discharge to Assess. Therefore, it is not anticipated that there will be an immediate impact as proposed reduction is in line with demand.

However, it is noted that if there was an increase in demand, then any increase on wait times would have an impact on equality groups and remove an element of personal choice. Service users are predominantly women (58%) with an average age of 82 years. Therefore, women and older people would be most impacted by any change.

There will be continual monitoring of demand and usage, in line with standard procedures, to monitor and take action as necessary.

Transformation/Reduce Service

Decommissioning Children Affected by Parental Addiction Services

This proposal is linked to a review of the Children Affected by Parental Addiction Services (CAPA). The review included engagement with service users, CAPA Workers, locality workers and Children's Services. The decommissioning of this service will be mitigated by investment from the Whole Family Wellbeing Fund, continued support service via Family Support Service and it is proposed to reserve a small quota for emergency hours provision to support families on the edge of care. Part of the service will be retained by ADRS who will ensure that parents who are at the start of their treatment are provided with additional support, and for periods of vulnerability throughout treatment and care. The service will also support women who are pregnant and in treatment.

This service is target at vulnerable children, therefore careful monitoring of transition and ongoing service delivery will be undertaken to ensure no unanticipated impacts.

There is a commitment to review the Family Support Strategy [eqia](#) to ensure that it reflects the current situation and to maximise benefit for children and young people.

This proposal includes a reduction of 14.57 FTE.

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Reform of Day Care for Adults and Older People

A review and reform of Day Care for adults and older people is underway. An equality impact assessment will be undertaken as part of the development of any recommendations and made available as part of decision making.

All service users have learning disabilities and very complex needs and a variety of support needs, including; 71% are wheelchair users, 48% have epilepsy and 10% require gastro-peg feed assistance. Consideration of service users needs including; physical health, mental health, behaviours and environmental issues will be taken into considerations as part of this review.

Engagement has been undertaken on a one-to-one basis with 20 of the service users in the Carlton area and further interviews are planned for Riddrie in March/April. There are also plans in place for 3 meetings for Carers, during March and April. This work will inform the reform and associated eqia.

Stop/Reduce Service

Reduction to Purchased Care Home Budgets

There has been an increase in demand for care home places over the winter months. We are expecting this demand to continue into next financial year meaning that there will be a significant impact for service users which may result in wait times for places and reduce enabling hospital discharge. This would remove an element of personal choice and have a disproportionate impact on equality groups as service users are predominantly older people, aged over 65 years. There will be continual monitoring of demand and usage, in line with standard procedures, to monitor and take action as necessary.

Reduction to Staffing Across all Community Health Teams including Management and Administration

Plans need to be further refined to enable impacts on individual services to be assessed and an equality impact assessment will be required as part of the development of these plans and made available as part of decision making.

Based on the range of services within scope and the target nature of some of the services, it is anticipated that any reduction or change in service will have an impact on a large range of equality groups, including but not limited to; Age, Sex, Disability, Sexual Orientation and Pregnancy and Maternity.

In addition to impacts on service users, it is anticipated that there will be an impact on the workforce which is predominantly female (84%). This proposal includes a reduction of 56 FTE.

Reduction in Mental Health Commissioning Contract

Although spend has been approved for the full amount, the services have not yet been commissioned and there is no change to current service for the service user. The remainder of the fund will continue to be commissioned.

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However, it is noted that this option reduces the planned positive impact from this investment for vulnerable service users. The service will be targeted at people with a learning disability and service users with severe and enduring mental health, any reduction will result in a reduced number of placements/services being commissioned and potential delays in supporting service users to move to a community setting.

Reduction in Self Directed Support Budget (Adults and Older People)

This proposal has the potential to have a significant negative impact on equality as the service is directly targeted at people who have been assessed as having a critical need for support and is a statutory obligation. Service users are; 57% male, 43% female over a range of ages, 11% under 18 years, 66% aged 19 – 64 years and 23% over 65 years. 11% are Children and their families, 43% have a learning disability, 13% have a long-term mental health condition and 14% have a physical disability. Introducing a reduced provision and a waiting list for those with substantial need would directly impact on vulnerable service users and their ability to live well at home. There is also potential for socio economic impact for those who are unable to meet the change in service provision.

Further work is required to fully assess the impact of reducing the capacity in this area, including engagement with service users. We will engage with carers and supported persons organisations to understand the wider impacts of reductions in service capacity will have on services users and their families. Individuals will also have the opportunity as part of the assessment process to work through what these changes may mean for them and to raise concerns about how they will impact on their own individual circumstances and needs. Ongoing work will be required to monitor the equality and socioeconomic impact of this reduction.

The Self-Directed Support Policy is undergoing review and modernisation, in line with publication of the new national standards and linking to the Maximising Independence Programme Board. One of the main aims of the review is to move to a strengths-based assessment approach which will support people to access more community-based services. We will offer services that support the person to retain their skills/develop new ones and support their family to sustain their caring role. This aims to allow the HSCP to provide more support to those who have limited or no community or family support available. An equality impact assessment will be undertaken as part of the development of any recommendations and made available as part of decision making. Ongoing engagement with Service users will be a key part of this process.

Reduction in Older People Day Care Services to Monday to Friday Only

This proposal would have a significant negative impact on equality, as the service is directly targeted at vulnerable groups. The service is currently provided to 31 people, on weekends; 72% are 80 years old or above and 100% are aged 60 or above. 13% are wheelchair users, 16% have a significant visual impairment, 15% have a significant hearing impairment, 10% have been diagnosed with a mental health issue and 65% have a dementia diagnosis. Therefore, equality groups most likely to be impacted are older disabled people.

It is noted that current weekend provision is underutilised and has been since pre Covid-19, despite actively encouraging uptake. Due to underutilisation, current service users are offered transport arrangement to venues outwith their catchment area. However, there will be an impact for service users, and their carers, currently using the weekend services.

To mitigate impact on service users, we would aim to align current service users to available days during the week, on a case-by-case basis, this may not as fully meet service users needs and will remove an element of personal choice. For weekend support, there would be a referral

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and subsequent assessment by Social Work Team to consider access to alternate provision. Ongoing work will be required to monitor the impact of this reduction, including individual engagement with service users and their carers to support service users through this change, taking into consideration their individual needs.

This option is part of a larger review of operational Older People's Day Care. An equality impact assessment will be undertaken as part of the development of any recommendations and made available as part of decision making. Ongoing engagement with Service users will be a key part of this process.

This proposal includes a reduction of 8 FTE.

Review of Purchased/In-House Supported Living Services

This proposal would have a significant negative impact on equality as the service is directly targeted at the frail vulnerable service user. The Supported Living Service is a statutory service. The service is currently provided to 68 people in-house and 277 through purchased services, all live at home, 60% are 80 years old or above and 99% are aged 70 or above. 92% are frail with one or more physical condition and 74% have a dementia diagnosis. Therefore, equality group that will be impacted directly are frail older disabled people living in the community.

90% of the existing cohort of service users would require to be assessed for long term residential or nursing care, the remaining 10% of service users may have their needs met within care at home services however this will remove any opportunity to socialise out with the home environment

This option would have approximately a 10% reduction in service users accessing the service and will impact on service users being able to live at home, it would be anticipated there would be significant challenge from families, local communities, advocacy services and service users as this would remove the right to live at home.

There is also potential for socio economic impact for those who are unable to meet the change in service provision. Ongoing work will be required to monitor the equality and socioeconomic impact of this reduction including individual engagement with service users to support them through this change and be taking into consideration their individual needs.

This proposal includes a reduction of 39 FTE. Due to the number of posts included, it would be difficult at this stage to assess how many of those individuals could be redeployed to other HSCP Posts.

Reduction in Care at Home and Mainstream Home Care Services

This proposal has the potential to have a significant negative impact on equality as the service is directly targeted at vulnerable groups including frail elderly, Care at home is a statutory service. The service currently provides 88,350 visits a week to support 5000 people with daily care and support tasks to enable them to live well at home. The service users are predominantly female (64.1%), Older People (79% are over 70 years old and 51% are over 80 years old) and 28% have a disability and/or long term condition. The service is currently provided to those that are assessed as having substantial or critical need. 38% of the service users are discharged directly from hospital to the service.

Introducing a capacity-based model of provision and a waiting list for those with substantial need would directly impact on this frail elderly vulnerable group. This will impact on hospital discharge activity whereby patients may be delayed before returning home.

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There is no opportunities to mitigate the impact as the overall capacity for Care at home shall be reduced whilst demand is anticipated to grow by 7% by 2023.

There is also potential for socio economic impact for those who are unable to meet the change in service provision. Individual engagement will be undertaken as part of the assessment process to support service users through this change, taking into consideration their individual needs. Ongoing work will be required to monitor the equality and socioeconomic impact of this reduction.

Further work is required to assess the impact of reducing the capacity in this area of Home care service in relation to staffing. Redesign will be required in relation to hospital discharge pathways and the current reablement model, an eqia will form part of this process.

This proposal includes a reduction of 30 FTE.

Homelessness Recovery Plan

Homelessness Recovery Plan

The Alliance has a critical role in supporting the HSCP in delivering its statutory duty in relation to the provision of services to homeless households, any Alliance savings will significantly hinder their ability to sustain the number of people residing in the community. There may also be impacts on the provision of supported accommodation services provided by Alliance Partners. The savings exercise will be undertaken with a view to ensuring that we protect access to emergency homeless accommodation.

As of 1st March 2023, there are 3063 households in temporary accommodation. Those accessing the service are predominantly; male (61%), aged 24 – 65 years (89%), of those that have disclosed ethnicity 50% are white Scottish and 36% are households which include children.

It is noted that the tender for this programme included a requirement to generate cost reductions over the life of the contract, however these have not been taken in previous years due to considerations to allowing the Alliance to develop its operational processes. Work will be ongoing to minimise the impact on service users and to avoid service reductions and we will continue to monitor the Alliance and its ability to deliver strategic priorities.

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